STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: DD-NSC Times Dakota Dunes North Sioux City Times		2. DATE: 09/28/2024
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $ 47 Local 57 out state
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 108 W Main St PO Box 310 Elk Point SD 57025		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 512 12th St SW Le Mars Ia 51031		
6. FULL NAME OF PUBLISHER: Shannon L. Jost		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: Monte Jost Shannon Jost		COMPLETE MAILING ADDRESS:) 512 12th St SW LeMars Ia 51031
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.: None		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	815	815
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	55	55
2. Mail Subscription (Paid and or requested)	692	693
3. Paid Electronic Copies	15	15
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	762	763
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	13	12
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	—	—
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	775	775
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	40	40
2. Return from News Agents	—	—
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	815	815

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Shannon L Jost (Signature)

Publisher (Title)

State of South Dakota)
§
County of Union)

Sworn to before me this 11 day of September, 2024

Notary Public

My commission expires: August-08-2028

(Seal)

MONTE R JOST
NOTARY PUBLIC
SOUTH DAKOTA
My Commission Expires August-08-2028

Form: SOS REC 051 9/2016